

**Master Plumber Change in Contractor Representation**  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Plumbing Division  
P.O. Box 30255  
Lansing, MI 48909  
517-241-9330

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**Fee: \$20.00**

Authority: 2002 PA 733 Completion: Mandatory Penalty: Licensee may not receive license renewal application	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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**Instructions**

- Section 23(5) states, "If a master plumber representing a plumbing contractor ceases to represent the plumbing contractor, the master plumber shall notify the department in writing within 30 days after the representation ceases."
- Complete application. Type or print in ink.
- **Return your current plumbing contractor pocket and wall license with this application** and enclose a check or money order made payable to the **State of Michigan** for \$20.00. Retain a copy of this application and a copy of your current plumbing contractor license until new licenses are issued.
- The provisions of 2002 PA 733 states, "An individual licensed under this act employed or acting as a plumbing inspector shall not engage in, or be directly or indirectly connected with, the plumbing business including, but not limited to, the furnishing of labor, materials, or appliances for the construction, alteration, or maintenance of a building or the preparation of plans or specifications for the construction, alteration, or maintenance of a building and shall not engage in any work that conflicts with his or her official duties."
- Mail completed application, required documents, and fee to the address listed above.

**Master Plumber Information**

NAME (Last, First, Middle)	BUSINESS NAME	MASTER PLUMBER LICENSE NUMBER <b>81 -</b>	
HOME ADDRESS		TELEPHONE NUMBER (Include Area Code)	
CITY	STATE	ZIP CODE	COUNTY

**Old Plumbing Contractor Representation**

NAME (Last, First, Middle)	PLUMBING CONTRACTOR LICENSE NUMBER <b>80 -</b>		
BUSINESS ADDRESS	TELEPHONE NUMBER (Include Area Code)		
CITY	STATE	ZIP CODE	COUNTY

**New Plumbing Contractor Representation**

NAME (Last, First, Middle)	BUSINESS NAME	PLUMBING CONTRACTOR LICENSE NUMBER <b>80 -</b>	
BUSINESS ADDRESS	TELEPHONE NUMBER (Include Area Code)		
CITY	STATE	ZIP CODE	COUNTY

**Certification**

I hereby certify the above information is true and accurate to the best of my knowledge.	
SIGNATURE OF MASTER PLUMBER	DATE